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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration
submitted
with Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
37 CFR 1.16 (e))
required)

Attorney Docket Number	PC10761A
First Named Inventor	Morsey, et al.
COMPLETE IF KNOWN	
Application Number	Not Yet Assigned
Filing Date	Herewith
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTI-IgE VACCINES

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/228,989	08/30/00	<input type="checkbox"/>

EXPRESS MAIL NO. EL625570177US

Please type a plus sign (+) inside this box → +**DECLARATION ---- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number
or

Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
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Raymond M. Speer	26,810	Michelle A. Sherwood	36,271
Israel Nissenbaum	27,582	Gregory P. Raymer	36,647
J. Trevor Lumb	28,567	Garth Butterfield	36,997
Lawrence C. Akers	28,587	Alan L. Koller	37,371
Paul H. Ginsburg	28,718	Todd M. Crissey	37,807
James T. Jones	30,561	A. David Joran	37,858
Raymond D. Thompson	30,695	Kristina L. Konstas	37,864
Gregg C. Benson	30,977	Arlene K. Musser	37,895
A. Dean Olson	31,185	B. Timothy Creagan	39,156
Robert F. Sheyka	31,304	Carl J. Goddard	39,203
Grover F. Fuller Jr.	31,760	Jennifer A. Kispert	40,049
Martha A. Gammill	31,820	Gabriel L. Kleiman	40,681
Seth H. Jacobs	32,140	Jeffrey N. Myers	41,213
Mervin E. Brokke	32,723	Adrian G. Looney	41,406
Karen DeBenedictis	32,977	Robert T. Barker	41,597
Valerie M. Fedowich	33,688	Roy F. Waldron	42,208
Bryan C. Zielinski	34,462	Deborah A. Martin	44,222
Lorraine B. Ling	35,251	Elsa Djiardi	45,963
Jolene W. Appleman	35,428	Donna R. Grossu	47,248
E. Victor Donahue	35,492	Martha G. Munchhof	47,811

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

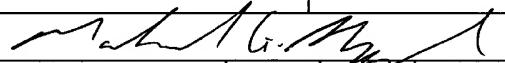
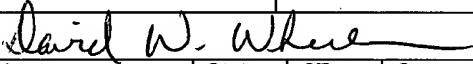
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Mohamad A.			Morsey		
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City	Niantic	State	CT	Zip	06357
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Additional inventors are being named on the _____ a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname							
Michael G.		Sheppard							
Inventor's Signature							Date	29 Aug. 01	
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City	Victoria	State		Zip	3134	Country	AU		
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Given Name (first and middle [if any])		Family Name or Surname							
David W.		Wheeler							
Inventor's Signature							Date	21 Aug 01	
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Post Office Address									
City	East Lyme	State	CT	Zip	06333	Country	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname							
Inventor's Signature							Date		
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname							
Inventor's Signature							Date		
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country			